

**NATIONAL NOSOCOMIAL INFECTIONS SURVEILLANCE SYSTEM
HIGH RISK NURSERY (HRN) SURVEILLANCE
MONTHLY REPORT FORM**

NNID # _____

Month and Year _____

	On the first day of the month	On the first day of the next month
Birthweight (BW) in grams	Number of patients	Number of patients
_____	_____	_____
≤1000	_____	_____
1001-1500	_____	_____
1501-2500	_____	_____
>2500	_____	_____

DO NOT LEAVE BLANKS; RECORD A ZERO WHERE APPROPRIATE
USE THE REVERSE SIDE TO COMPLETE THE DAILY TOTALS.
REPORT TO CDC THE ABOVE DATA AND THE SUM OF EACH COLUMN ON THE REVERSE SIDE.

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and m(d)).

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0012).

Date	BW ≤1000 grams				BW 1001-1500 grams				BW 1501-2500 grams				BW >2500 grams			
	# new arrivals	# of pts	# of pts with: U/C	with: V	# new arrivals	# of pts	# of pts with: U/C	with: V	# new arrivals	# of pts	# of pts with: U/C	with: V	# new arrivals	# of pts	# of pts with: U/C	with: V
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31																
Total																

U/C = # patients with umbilical catheter(s) or central line(s)

V = # patients on mechanical ventilation

DO NOT LEAVE BLANKS; RECORD A ZERO WHERE APPROPRIATE